

Montgomery County Commission on Health

FISCAL YEAR 2013 ANNUAL REPORT



July 1, 2012 – June 30, 2013



**Montgomery County, Maryland
Department of Health and Human Services
Public Health Services**

**Commission on Health
Annual Report Fiscal Year 2013**

October 1, 2013

The Honorable Isiah Leggett
Montgomery County Executive

The Honorable Nancy Navarro
County Council President

Dear Mr. Leggett and Ms. Navarro:

The Commission on Health (COH) thanks you for the opportunity to serve Montgomery County through activities of the COH. During FY2013, the COH focused on developing recommendations to assist Montgomery County in the successful implementation of the Patient Protection and Affordable Care Act (ACA), since the ACA's effective implementation will impact the health and well-being of County residents and health and human services throughout the County. After extensive research involving presentations by and discussions with experts on the ACA, and analysis of data and literature on the uninsured, chronic disease, and preventive services, the COH is recommending enhanced efforts by the Department of Health and Human Services (HHS), the County Executive, and the County Council in three areas:

1. Monitoring health care service utilization to ensure that while access to health care throughout the County is increased, disparities do not also increase as a result of insufficient health care provider capacity.
2. Facilitating seamless enrollment by residents into all health and social services County programs for which they are eligible, including those related to the ACA.
3. Educating County government employees, residents and health care providers about no-cost preventive health services available as a result of the ACA.

Six specific strategies to address these areas are being transmitted today in the COH's letter to the County Executive and County Council.

The COH also continued its work begun in FY2012 in the area of obesity prevention. We are very pleased to report that two recommendations made by the COH are being acted upon. These recommendations address:

1. Providing breastfeeding locations, refrigeration, and other support to County government employees.
2. Making vending machine choices healthier for County government employees.

The COH will continue to monitor progress in these areas as well as other COH recommendations made in FY2012 related to obesity prevention.

Our annual retreat provided the guidance for the new year. The COH supported the formation of three workgroups to address opportunities and challenges presented by the ACA for Montgomery County (access to care, prevention, and data), and one work group to monitor and promote the COH's FY2012 obesity recommendations. For the past three years, the COH has collaborated with other Montgomery County boards, committees and commissions to create a unified voice that is supportive of issues relevant to improving the health status of our residents. We are pleased to report that we are actively and successfully engaged with eight Montgomery County boards, committees and commissions as well as the Montgomery County Medical Society.

It is an honor to be able to serve as chair of the COH for a first term. Every year a team of 19 very accomplished and dedicated commissioners serve our County by sharing their knowledge and expertise in partnership with County government to improve our resident's health and vitality. Throughout FY2013, we have focused on helping the County prepare for the ACA and succeed in assuring that the ACA truly benefits County residents. In FY2014, we will continue these efforts and explore new opportunities to enhance public health and social services throughout the County.

All of these efforts would have not been possible without the expertise, guidance and support of Jeanine Gould-Kostka, Doreen Kelly and former COH member and Chair, Marcos Pesquera. The Montgomery County Commission on Health respectfully submits the attached FY2013 Annual Report.

Sincerely,



Ron Bialek, MPP, CQIA
Chair

Commission on Health

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Introduction

The primary mission of the Montgomery County Commission on Health (COH) is to advise the County Executive and the County Council on public health issues, programs, services and the allocation of funds devoted to public health needs and to monitor and assess the priorities of the Montgomery County Department of Health and Human Services (MCDHHS) in its efforts to address the health needs of residents in this County.¹

The purpose of this report is to comply with the annual requirement that the COH provide the County Executive and the County Council with an update on the activities of the COH from July 2011 through June 2012.

Membership, Structure and Governance

The Commission is comprised of 19 voting members with representation from consumers and providers of health services in the County. The majority of the members must be from sectors of the County's health care and public health consumer population. As dictated by County Code, the COH also has a representative from the County Medical Society. The County Health Officer and the County Council liaison serve on the COH in an ex-officio capacity.

In FY 2013, there were 12 consumers, 6 providers as well as the ex-officio members, the County Public Health Officer, the Montgomery County Public Schools liaison and the County Council liaison. The Medical Society representative position was vacant during FY13. The COH continues to represent a diverse cross-section of Montgomery County residents. The membership consisted of 11 men and 7 women who are racially and ethnically diverse and vary in age, geography and experience in health policy, public health, and the health care system.

The list of the FY2013 membership is provided in Addendum A. Consistent with its enabling legislation, the COH has no standing committees. However, the Chair can appoint committees, as necessary to accomplish the work of the COH.

FY 2013 Priorities

During the FY2013 annual retreat, the COH broke into three work groups to focus on opportunities and challenges posed by the Patient Protection and Affordable Care Act (ACA) for County government and residents. The COH identified three areas of focus related to the ACA – Access to Care, Prevention, and Data. Based on our review and discussion of these issues, the COH recommends enhanced efforts by the Department of Health and Human Services (DHHS), the County Executive, and the County Council to:

1. Monitor health care service utilization to ensure that while access to health care throughout the County is increased, disparities do not also increase as a result of insufficient health care provider capacity.
2. Facilitate seamless enrollment by residents into all health and social services County programs for which they are eligible, including those related to the ACA.
3. Educate County government employees, residents and health care providers about no-cost preventive health services available as a result of the ACA.

Based on significant research conducted by the COH, the COH recommends that the County Executive and the County Council:

- 1) Continue to support Montgomery Cares, the Care for Kids and Maternity Partnership programs as well as other DHHS programs that provide necessary health care for uninsured County residents.
- 2) Work with the State of Maryland to ensure that DHHS has the flexibility to enroll individuals in both health insurance and social services at the same time.
- 3) Educate County government employees about the preventive services available under the ACA and encourage use of these benefits. Education can be through individual departments, supervisors, Human Resources and others.

¹ See Chapter 24-24 of the Montgomery County Code for a description of the mission of the Commission on Health. The Commission on Health (COH) was established on July 1, 1988.

- 4) Work with employers, employee groups, civic organizations, and other stakeholders to provide education about the availability of no- cost preventive services available through health insurance plans now that the ACA is being implemented.
- 5) Work with health care providers to raise awareness of the new preventive benefits. Health care providers are influential in decisions of their patients to access and use health care services.

The COH also recommends that HHS monitor access to care for underserved populations and report semi-annually any issues/concerns to the County Executive, County Council, and COH in the event disparities increase during ACA implementation

The COH continued to address other priority public health issues of the County, such as tobacco use, access to health care, and obesity. Testimony was provided to the County Executive and the County Council on each of these issues. In addition, the COH provided letters of support for initiatives from other boards and commissions related to these important County health priorities.

The COH has an elected Chair and Vice Chair whose terms are one year. During FY13, Marcos Pesquera was the Chair of the Commission and Ron Bialek was the Vice Chair. The entire COH met monthly with the exception of August 2013. The Chair, with input from staff and the Vice Chair, created the agenda for the monthly meetings. (See Addendum B)

Reports from the ACA work groups were presented verbally and/or in writing at COH meetings. COH staff frequently communicated with the Chair, Vice Chair, staff and other commissioners between monthly meetings regarding future plans, agenda items, Council activities, Executive updates and events, and news related to public health issues in the County.

At a minimum, every member of the Commission was expected to either serve on one work group and, if requested, as a liaison to other health-related County boards, commissions, committees, and health initiative or program. During FY13, most commissioners satisfied this minimum requirement of service and in many instances exceeded it. Several COH members served on a work group in addition to being a liaison to a board, commission, committee, and health initiative or program.

With its broad perspective of public health, the COH recognizes the value of collaboration and communication with other health-related boards, commissions and committees. Many commissioners have an area of specialization or interest in a particular area or constituency of public health and were therefore encouraged to serve as liaisons with other relevant health-related boards, commissions and committees. Integral to this area of special interest is the constraint that all actions are in voice of the entire COH and not self-serving in any manner.

Finally, members of the COH also served on committees that allowed the COH to conduct its business such as the membership, nominating and retreat planning committees. These committees require significant time and are in addition to the monthly scheduled meetings. The COH has been well served by both the leadership and service of the members on these committees.

Additional FY 2013 Activities

In FY 2013, the COH had liaisons with the following entities: African American Health Program Executive Committee; Asian American Health Initiative Steering Committee; Commission on Aging; Healthy Montgomery Steering Committee and HM Obesity Work Group; Latino Health Initiative Steering Committee; Montgomery Cares Advisory Board; Obesity Prevention Strategy Group; and the School Health Council.

The COH for some time has recognized the adverse health implications of tobacco usage. While the COH has addressed this issue in the past and considerable policy progress has been made in Maryland and the County, the COH convened a task force to take stock of the current situation in the County and sent a letter to the County Council in support of legislation to address second-hand smoking in the County. The COH also testified before the County Council on the continued risks of tobacco to County residents.

The COH also continued its work begun in FY2012 in the area of obesity prevention. We are very pleased to report that two recommendations made by the COH are being acted upon. These recommendations address:

1. Providing breastfeeding locations, refrigeration, and other support to County government employees.
2. Making vending machine choices healthier for County government employees.

The COH will continue to monitor progress in these areas as well as other COH recommendations made in FY2012 related to obesity prevention.

Going Forward

The COH will hold its annual retreat in October. To strengthen our foundation, the previous fiscal year's priorities will be reviewed and new ones may be identified. This is also an opportunity for Commissioners to introduce themselves and learn and share ideas, concerns, issues, best practices, and identify tactics and strategies for success.

With implementation of the ACA, there will continue to be opportunities and challenges for the County, and implications for our County public health agency. The COH will be pleased to work with the County Executive, the County Council, and DHHS to answer questions and facilitate implementation of the COH's recommendations presented with this report and in the September 20, 2013 letter to the Council Executive and the County Council. The COH also is exploring other priority public health issues to address in FY 2014. We welcome questions and suggestions from the County Executive and the County Council as we continue to explore and address County public health needs.

As an advisory board to the Executive, Council and DHHS, the COH continues to be a strong advocate for *Healthy Montgomery*. This Community Health Improvement Process (CHIP) addresses population-based health and access to local data sets to help identify deficiencies or duplication of existing programs and services, the need new programs and those needed to sustain the protection and improvement of and well-being in our community.

Conclusion

The COH is composed of dedicated and knowledgeable members of our community who are truly committed to improving the health of Montgomery County residents. It is our privilege to work together to serve the County and to advise on emerging public health issues and public health matters.

We would like to acknowledge the invaluable support and assistance of our colleagues in DHHS, most notably County Health Officer Dr. Ulder Tillman; Deputy County Health Officer Dr. Helen Lettlow; Senior Legislative Analyst Linda McMillan; MCPS Liaison Marla Caplon; PHS Administrator Doreen Kelly; DHHS Special Assistant, Office of the Director Dourakine Rosarion; Senior Administrator, Montgomery Cares, DHHS, Jean Hochron; and COH staff Jeanine Gould-Kostka. They all have been instrumental in providing an extraordinary amount of meaningful and direct support and assistance to the COH. They are always readily available and on target.

It is with appreciation and respect, that we submit this report to the County Council.

Thank you.

Ron Bialek, MPP, CQIA
Chair, Commission on Health

Addenda

A. Fiscal Year 2013 Membership

B. Commission Agenda Topics Fiscal Year 2013

C. Liaison Reports

D. Workgroup Reports

E. Testimony

F. Correspondence

G. Responses to Correspondence

A. Fiscal Year 2013 Membership

CONSUMER REPRESENTATIVES

Mitchell Berger, MPH, JD
Ronald Bialek, MPP, CQIA (Vice Chair)
Tara Clemons
Kathy Ghiladi, J.D.
Graciela Jaschek, MPH
Harry T. Kwon, PhD, MPH, MCHES
Pierre-Marie Longkeng, MHSA
Rose Marie Martinez, Sc.D.
Marcia Pruzan
Daniel Russ, Ph.D.
Wayne L. Swann, SPHR, FACHE
Steve Thronson, MBA

PROVIDER REPRESENTATIVES

Michelle R. Hawkins, DNP, MSN, MBA, RN, CCM
Alan S. Kaplan, M.D., MPH
Marcos Pesquera, R.Ph., M.P.H. (Chair)
Gregory Serfer, D.O.
Ashraf M. Sufi, M.D.
Shari Targum, M.D.

MEDICAL SOCIETY REPRESENTATIVE

Vacant position for all of FY13

B. List of Topics Discussed by COH – FY13

7/19/12 COH Meeting

- Committee Annual Reports
- Liaison Annual Reports
- Priorities discussion in preparation for the County Council's HHS Committee Worksession on October 18, 2012

9/20/12 COH Meeting

- Liaison reports
- HHS Committee Discussion on Smoking Testimony - 10/18/12
- Retreat Planning Discussion
- December 20, 2012 Meeting Vote

10/18/12 Annual Retreat

- Overview of Montgomery County ACA Preparations by Dourakine Rosarion, DHHS Special Assistant, Office of the Director
- The Affordable Care Act- Implications for Local Public Health, Robert M. Pestronk, Executive Director, National Association of County and City Health Officials (NACCHO)
- Strategic Planning within Workgroups

11/15/12 COH Meeting

- Retreat Evaluation Summary
- Montgomery Cares and the Implications of the ACA, Jean Hochron, Senior Administrator, Montgomery Cares, DHHS and Sharon Zalewski, Vice President and Director, Center for Health Care Access, Primary Care Coalition of Montgomery County

12/20/12 COH Meeting

- Liaison Reports
- Workgroup Session

1/17/13 COH Meeting

- Liaison Reports
- Workgroup Session

2/21/13 COH Meeting

- Update on Council Smoking Restrictions Legislation
- Liaison Reports
- Workgroup Session

3/21/13 COH Meeting

- PHS budget update
- Liaison Reports
- African Immigrant Update
- Update on PCC Health Care Reform Community Forum

4/18/13 COH Meeting

- Membership and Nominating Committee formation
- Liaison Reports
- Montgomery Cares Letter of Support
- Arumani Manisundaram, Director of Connected Health, ACES Presentation: ACA & Electronic Medical Records Maryland
- Workgroup Session

5/16/13 COH Meeting

- Budget Status
- Dourakine Rosarion, DHHS Special Ass't, Office of the Director - Connector/Navigator Grant and Updates on Montgomery County ACA Preparations
- Membership Committee Update
- Liaison Reports
- Update on MCAB & Minority Health Letters of Support

6/20/13 COH Meeting

- Officer elections
- Certificate Presentation to Outgoing Members
- BOH update from Dr. Tillman
- Legislative Proposals Form Discussion
- Retreat Planning Committee Formation
- Workgroups Discussion
- Liaison Report

C. Liaison Reports

Guidelines for the Commission on Health (COH) Members as Liaison to other Organizations

General Summary:

The role of the liaison is to serve as an advocate to enhance and foster relationships between the COH and the “organization”. This role will bring to the Commission an understanding of community health issues, provide an opportunity to discuss the Commission’s perspective on these issues and create an affiliation with the “organization” and the Commission.

This role will promote the activities of the Commission and work to establish increased visibility and goodwill between the Commission and the “organization”. The COH liaison will identify opportunities for collaboration that will strengthen the relationship between the Commission and the “organization”. The liaison’s affiliation will be in alignment with the dynamic priorities of the Commission.

An “organization’s” liaison is welcome to approach the Commission in this same capacity.

Duties:

Annually, the chair or the Commission will officially appoint the liaisons. Any commissioner may request to act in this role.

The COH is interested in the liaison’s connection, and then serves as an initial point of contact between the Commission and “organization.”

Foster a relationship with the “organization” or group as appropriate. A workgroup may be formed with a representative from each committee to identify the “organization” or group with which to form a liaison.

Meet with the “organization” on a pre-scheduled basis (minimum of three times annually) to keep them abreast of current activities. This may provide an opportunity for collaboration with the Commission.

Explore opportunities for collaboration, advocacy, advisory assistance, and information gathering. This information gathering may be relevant to a priority or committee, but should not be limited to the Commission’s priorities or committees.

Explore possible areas for specific budget support and/or initiatives, including a formal incorporation and reference in annual budget documents.

Report (in writing and verbally) to the COH at least three times per year about the interactions with the “organizations.”

Encourage feedback from the Commission on the manner and/or direction of the relationship

Planning:

Incorporate liaison activities with Commission activities e.g., budget recommendations (three or four times/year), letters to the CE and CC re. the County health initiatives, Maryland legislation, the County public health legislation, interagency collaboration, and arrange for guest speaker(s).

THIS IS AN INTERNAL WORKING DOCUMENT OF THE COMMISSION ON HEALTH.

Revised: June 6, 2008

Commission on Health (COH) Members as Liaisons to Other County Organizations

With the encouragement of the Director of MCDHHS, Uma Ahluwalia, the COH works collaboratively with other boards, committees and commissions. Throughout fiscal year 2013, liaisons brought to the Commission an understanding of community health issues, an opportunity to discuss the Commission's perspective and hear the perspective of others on pressing issues affecting the well being of Montgomery County.

African American Health Program

Michelle R. Hawkins, DnP, Commissioner

During fiscal year 2013, the COH liaison to the African American Health Program attended meetings of the African American Health Program Executive Committee and was actively engaged in certain aspects of the African American Health Program, specifically the Infant Mortality Coalition, Cardiovascular health and Diabetes.

During fiscal year 2013 as the COH liaison to the African American Health Program (AAHP), Dr. Hawkins performed the following:

- Represented the COH at the monthly African American Executive Committee meetings
- Provided monthly reports to the African American Executive Committee regarding the COH's goals, discussion and activities
- Provided reports to the COH on the goals, program activities and announcements of the African American Health Program including updates on:
 - Infant Mortality Coalition
 - HIV/AIDS/STI Coalition
 - Cardiovascular health

- Oral health
- Diabetes
- Health Promotion and Disease Prevention
- Community Outreach efforts

As the COH liaison to the African American Health Program, Dr. Hawkins identified the following goals for fiscal year 2013:

- Continue to attend the African American Health Program Executive Committee meetings in the role of the COH liaison
- Continue to report pertinent issues to the COH and enhance the link between the African American Health Program and the COH
- Identify opportunities for collaboration between the AAHP and the COH to improve the health and quality of life for African Americans living in Montgomery County
- Identify opportunities for a partnership between the AAHP and the COH to improve health equity for the African Americans living in Montgomery County
- Identify opportunities for collaboration between the AAHP and the COH around eliminating health disparities and improving health literacy
- Broadly promote further collaborative efforts in the area of health advocacy

Asian American Health Initiative Steering Committee

Harry Kwon, PhD, MPH, MCHES, Commissioner

During fiscal year 2013, the COH liaison to the Asian American Health Initiative (AAHI) attended two of the scheduled AAHI Steering Committee meetings and maintained communications with both the AAHI program manager and the AAHI steering committee chair.

During fiscal year 2013 as the COH liaison to the AAHI Steering Committee, Dr. Kwon performed the following:

- Provided updates to the AAHI Steering Committee regarding relevant COH's discussion and activities including the following:
 - COH efforts focusing on the Affordable Care Act and Montgomery County.
 - COH letter of support for the Leadership Institute and the Minority Health Initiatives.
- Provided reports to the COH on AAHI program activities and announcements including the following:
 - AAHI's major program efforts on hepatitis B education and prevention.
 - AAHI efforts in part of the minority health initiative advisory group meetings.
 - AAHI steering committee updates and AAHI program outreach and events news.

Dr. Kwon identified the following goals for consideration for fiscal year 2014:

- Continue to have a liaison between the COH and the AAHI Steering Committee.

- Continue to report relevant issues and updates to the COH and enhance the link between the AAHI and the COH.
- Identify opportunities for AAHI and COH collaboration around eliminating health disparities and on efforts to improve health equity.
- Seek opportunities to assist with data collection efforts.
- Broadly promote further collaborative efforts in the area of health advocacy.

Commission on Aging

Steve Thronson, MBA, Commissioner

Marcia Pruzan, Commissioner

COH members Steve Thronson and Marcia Pruzan served as liaison to the Commission on Aging (COA). In January 2013 Marcia Pruzan followed Steve Thronson as the COH Liaison to the Commission on Aging. Each attended COA meetings and actively participated in various aspects of COA work.

In FY 2013, the COH liaisons worked with COA as it focused on the overall needs of the County's seniors—both the vulnerable, low-income seniors, as well as the more healthy, vital older adults. The COA identified transportation, housing, and mental health as top priority budget issues and also is working to ensure that needs of our ethnically and culturally diverse older populations can be met. A highlight of the COA's work in FY 2013 was completion of its comprehensive Senior Agenda for making Montgomery County truly a "Community for a Lifetime." The Seniors Agenda was endorsed by the County Executive and received a resolution of support from the County Council. It contains vision statements on the following:

- Transportation;
- Affordable housing and housing choices;
- understandable and accessible information on County programs;
- Public health programs promoting physical and mental health;
- Recreational opportunities for physical and mental fitness and social interaction for vital, healthy seniors;
- Promoting the value of older workers; and
- Safety with both physical and financial protections;

During fiscal year 2013, COH liaisons to COA:

- Represented the COH at COA monthly meetings.
- Participated in the work and monthly meetings of the COA's Senior Health and Wellness Committee.
- Participated in a COA Summer Study on caregiving. (The second COA Summer Study is looking at the Villages movement.)
- Provided reports to the full Aging Commission that reviewed the COH's discussion and the issues that had direct interest and/or were of relevance to the Commission on Aging with an eye toward identification of topics of mutual interest and concern.

As a COH liaison to the Commission on Aging, Ms. Pruzan identified the following goals for fiscal year 2014:

- Continue to attend the Commission on Aging meetings in the role of COH liaison.
- Continue to report relevant issues to the COH and enhance the link between the Commission on Aging and the COH.
- Identify opportunities for collaboration, such as outcomes of the summer study dealing with health effects of caregiving on the caregiver.
- Broadly promote further collaborative efforts in the area of advocacy.
- Consistent with the standing COH Committee on Public/Private partnerships, the Commission on Aging will identify potential for creative joint ventures and develop strategies for maximizing services to county residents building on collaborations among private, voluntary and public organizations.
- Review what is happening in Montgomery County with the evolution of naturally occurring retirement communities (NORCs) and the implications for health services (and other County services, such as websites/ communication, transportation, safety, library, etc.) for older residents wishing to remain/age in their homes and report findings to the COH.
- Report to the COH progress on the Commission on Aging's Summer Study issues; these have contributed enormously over the years to helping the Commission set priorities and helping the County government improve lives of our seniors.
- Keep both the Commission on Aging and the Commission on Health informed about either topics or discussions of mutual concern, such as Access to medical care under the new Affordable Care Act.
- Keep the COH members informed about any health-related outcomes relating to the COA's Senior Agenda.

Latino Health Initiative Steering Committee

Rose Marie Martinez, ScD, Commissioner

During fiscal year 2012-13, the COH liaison to the Montgomery County Latino Health Initiative attended meetings of the Latino Health Initiative Steering Committee and was actively engaged in various aspects of the Latino Health Initiative including the LHI Data Work Group and represented the LHI as a member of the DHHS Minority Health Initiative/Program Advisory Group.

During fiscal year 2012-2013 as the COH liaison to the Latino Health Initiative, Dr. Martinez performed the following:

- Represented the COH at the Latino Health Initiative Steering Committee monthly meetings.
- Co-Chaired meetings of the LHI Data Work Group
- Participated as a LHI representative to the DHHS Minority Health Initiative/Program Advisory Group.
- Provided reports to the LHI Steering Committee and Data Work Group regarding COH's discussion and activities.
- Participated on the COH Access to Care/ACA working group

- Provided reports to the COH on the program activities and announcements of the LHI Steering Committee and LHI Data Working Group discussion and activities including updates on:
 - The Welcome Back Center of Suburban Maryland
 - System Navigator Program
 - Community Engagement Workgroup
 - Asthma Management Program
 - Health Promoters Program “Vías de la Salud”
 - Latino Youth Wellness Program

In 2013, Dr. Martinez will serve as co-chair of the LHI and will continue to support LHI steering committee activities related to the implementation of the DHHS Leadership Institute for Quality and the Elimination of Disparities

As a COH liaison to the Latino Health Initiative, Dr. Martinez identified the following goals for fiscal year 2014:

- Continue to attend the Latino Health Initiative meetings in the role of COH liaison.
- Continue to report relevant issues to the COH and enhance the link between the Latino Health Initiative and the COH, especially in the areas of: development of the Leadership Institute for Equity and Disparities Reduction, the implementation of the ACA and its impact on the Latino population; and enhancing racial/ethnic data collection, analysis and reporting activities.
- Broadly promote further collaborative efforts in the area of health advocacy.

Healthy Montgomery Steering Committee

Ron Bialek, MPP, Vice Chair

The Healthy Montgomery Steering Committee continued to explore strategies to address two priority health areas for Montgomery County: 1) obesity; and 2) behavioral health. To develop strategies to improve health within these two areas, the Steering Committee work groups for each of these focus areas continued to meet. One Commission on Health member, Dr. Shari Targum, serves on the Obesity work group.

The Healthy Montgomery Steering Committee met on January 14, 2013 and May 13, 2013. During these meetings, the Steering Committee addressed the following:

- The desire to target specific needs/populations within the two priority areas to help ensure that activities are focused and efforts are not spread too thin.
- The need to add other stakeholders to the work groups so that those who may be needed to implement strategies are part of the process to develop the strategies.
- The process for assessing and updating data needs for the Healthy Montgomery effort will take place during calendar year 2013.
- The Minority Health Initiatives data needs correspond to data issues being explored by the Commission on Health.

The Commission on Health will work with Healthy Montgomery Steering Committee staff and the Minority Health Initiatives to further inform the Commission’s efforts and

recommendations regarding data needs related to electronic health records mandated by the Affordable Care Act.

Montgomery Cares Advisory Board
Steve Thronson, MBA, Commissioner

Introduction:

The most recent estimates from the U.S Census indicate that approximately 110,000-120,000 adults in Montgomery County do not have health insurance and therefore may not have a regular source of primary medical care. Serving 29,454 patients in FY13, the Montgomery Cares Program (MCares) is a network of twelve primary care/safety net clinics for uninsured, low income, adults living in Montgomery County. MCares is the primary source of health care for more than a quarter of the uninsured adults in Montgomery County

MCares Program Activities

- **Patient Served:** The number of patients served increased by 6%, from 27,814 to 29,454 and the number of encounters increased by 10%, from 77,162 to 84,547.
- **MCares Budget:** The FY14 County Council approved budget allows for the funding of 32,250 patients, this is equal to the funded number of patients in Y13. Budget increases were granted in other areas including the per-encounter rate, behavioral health services, and preventive care services.
- **MCares Services:** In addition to primary care, the MCares clinics provide pharmacy services, specialty care services, preventive care services, oral health services, and behavioral health services.
- **New Initiatives:**
 - **Electronic Health Record:** Beginning in FY13 with an anticipated completion by the end of FY14, all of the MCares provider organizations will have successfully converted to an electronic medical record.
 - **Medicaid:** During FY13, three MCares clinics became Medicaid providers (in addition to the two clinics already accepting Medicaid). In FY14, we anticipate at least three more clinics will join the Medicaid ranks.
 - **Health Care Reform:** MCares is working hard to prepare for Health Care Reform. Estimates indicate that following Health Care Reform, there will be 50,000 uninsured adults remaining in the County continuing to need MCares services.
- **Health Care for the Homeless:** The MCares Program also supports the County's Health Care for the Homeless Program. Primary medical care is provided to residents of the County adult emergency shelters and those living on the street. Additionally, the program provides the shelter residents with a nurse case manager to help them

navigate through the complicated health care system. The program also provides assistance with discharge planning for homeless persons following hospitalization.

- **Quality Clinical Performance Indicators:** The clinics continue to provide quality medical care; diabetes and hypertension indicators are approaching and/or achieving national target benchmarks.

Montgomery Cares Advisory Board (MCAB) Activities:

The Board's work, as always, is guided by the goal to ensure that the provider network remains strong and that the uninsured has access to health care in Montgomery County.

Budget Priorities:

1. **Primary Care:** The MCAB requested and received an increase in the per-visit encounter rate for the participating clinics. Consistent with a similar request from the Health Centers Leadership Council, the MCAB recommended a \$3 (just under 5%) increase in the per-visit encounter rate, from \$62 per visit to \$65 per visit. This represented the first increase in payments to participating provider organizations since the per-visit reimbursement strategy was implemented in 2009. The increase was needed to respond to increases in the cost of care.
 2. **Performance Improvement:** The MCAB spent the year working closely with the MCares participating provider organizations, the Primary Care Coalition, and other community partners in developing the Performance Improvement Program (PIP). The program will provide incentive payments to those providers that demonstrate improved outcomes of care for their MCares patients, as measured by a select set of quality metrics. Although the program did not receive funding in the FY14 County budget, the Board, PCC and the clinics remain committed to the PIP and continue to work on program development.
 3. **Preventive Care Services:** To ensure that the MCares program more adequately meets national preventive care standards the Board requested and received additional resources to ensure access to evidence-based breast and colorectal cancer screening services.
 4. **Behavioral Health Services:** The MCAB requested and received additional resources to expand the reach of the Montgomery Cares Behavioral Health program and offer access to Behavioral Health services to an additional 3,000 patients.
- **Board Leadership:** Joan Pernell served as chair of the MCAB during FY13, Lisa Wald as the Board's Vice Chair.
 - **MCAB Workgroups:** During FY13, the Board had three workgroups to support of their priorities.

1. **Advocacy Workgroup:** During budget season, the workgroup held meetings with twelve elected and appointed officials including all seven members of County Council. In collaboration with the Montgomery Cares Clinics, the Health Clinic Leadership Council and the Primary Care Coalition, the Advocacy Workgroup advocated for a budgetary increase listed above.
2. **Delivery System Transformation Workgroup:** This group's mission was to provide advice and information to the County to respond to changes and opportunities in health care reform that are transforming the health care delivery system. The group's primary focus was program eligibility and issues related to the Affordable Care Act (ACA). The group will continue to meet into FY14.
3. **Quality Outcomes/Performance Incentive Program:** The Quality Outcomes group quickly merged into the Performance Incentive Program (PIP) group and worked closely with the PCC, the HCLC and the Clinic Medical Directors to develop the MCares Performance Incentive Program.
4. **Specialty Care Workgroup:** The Specialty Care Workgroup continued its work in reducing the gap in access to hospital-based specialty services. Through the collaborative efforts, the hospital systems have committed to increasing their support and providing a collective 1,200 additional hospital-based procedures for Montgomery Cares patients.

Obesity Prevention Strategy Group

Alan Kaplan, M.D., Commissioner

The Group focused primarily this year on placing healthy food in County vending machines and to encourage their use. To that end the Group held a demonstration event for County employees in the Executive Office Building cafeteria. Approximately 12 vendors displayed their products with ample tasting samples. At the same time there was a demonstration of a new type of vending machine along with a press conference attended by Councilman Leventhal.

At follow-up meetings the OPSG learned that some items were selling well, but it was too early to really evaluate the project. It was also proposed that all sugary drinks, and other related items, be removed from County vending machines. At that time it was felt that employees could bring their own drinks and/or snacks. It was felt that the County should not be encouraging that type of behavior with such items for sale on site. The recommendation is pending.

There are discussions with the employee union and the County Health Department is researching the subject. Finally, there is a possibility that this group will merge with the Healthy Montgomery Obesity Workgroup as both groups have essentially the same objectives.

School Health Council**Daniel Russ, Ph.D., Commissioner**

During fiscal year 2013, Dr. Russ served as the Commission on Health representative to the Montgomery County School Health Council. The School Health Council discusses current health related issues affecting the Montgomery County Public School system.

For school year 2013, the follow topics were discussed:

- Recognition and Treatment of Anaphylaxis
- Updates from the MCPS Concussion Workgroups
- Child Welfare Services
- MCPS health curriculum
- Obesity Prevention Strategy Workgroup activities.

In addition, the by-laws subcommittee provided suggested changes to the by-laws. Important changes include voting methods for issues arising between meetings, and updated membership to include more community members, medical and dental representation to make it easier to attain quorum.

The School Health Council provides valuable access to MCPS health officials and information on programs. The close-ties with the School Health Council can help the Commission provide better advice relating to child health issues.

D. COH Workgroup Reports for FY13

ACA Access to Care Workgroup

Summary of Activities

July 2012-June 2013

In 2012, when the Commission on Health (COH) decided to focus on issues related to implementation of the Affordable Care Act (“ACA”); the Access to Care workgroup was one of the workgroups established. The workgroup’s goals were to explore ways for the County to promote: 1) meaningful access to health care for individuals who would remain uninsured following health insurance exchange implementation; 2) enrollment and appropriate use of health care services by those newly eligible for health insurance through the ACA; and 3) access to other services to improve and maintain health (*e.g.*, housing, employment, etc.) that may be available through the ACA. The workgroup studied such issues as the County’s role in first applying for and then becoming a Navigator for the State of Maryland’s health insurance exchange program. Additionally, recognizing that a number of sources estimated that a large number of Montgomery County residents would still remain uninsured following implementation of the exchanges, the workgroup also helped the full Commission issue a letter of support to the County Executive and County Council stressing the continued importance of the Montgomery Cares program and the need for its ongoing funding.

The Access to Care Workgroup specifically recommended the following:

1. The COH support the navigator grant application from the Department of Health and Human Services (DHHS) submitted to the State.
2. DHHS monitor access to care for underserved populations and report semi-annually any issues/concerns to the County Executive, County Council, and COH in the event disparities begin to increase.
3. The County Executive and County Council continue to support the Montgomery Cares Program, as well as the Care for Kids and Maternity Partnership programs, and other HHS programs that provide necessary health care for uninsured County residents.

ACA Access to Care Workgroup

Kathy Ghiladi

Ron Bialek

Pierre-Marie Longkeng

Rose Marie Martinez

Wayne Swann

Steve Thronson

ACA Data Workgroup

Summary of Activities

July 2012 – June 2013

Goals:

1. Improve data collection
2. Advise county officials on data opportunities and gaps with the Affordable Care Act including data about health disparities and Healthy Montgomery data needs that will be available from the new State Health Information Exchanges
3. Support data needs of other COH Workgroups.

Expected outcomes by year end:

1. Learn about the ACA data requirements for data collection and utilization
2. Learn about how data is reported and used at county and state levels

Summary:

Workgroup Activities:

1. Requested information at COH presentation by Ms. Dourakine Rosarion, DHHS Special Assistant, Office of the Director about specific data needs of the Health Initiatives, and about what the County and State are doing in regards to implementation and requirements
2. Requested information at COH meeting with Mr. Arumani Manisundaram, Director of Connected Health, ACES on ACA and electronic medical records
3. Members continue working to support the data needs of the County

ACA Data Workgroup Members

Graciela Jaschek
Doreen Kelly
Linda McMillan
Marcos Pesquera

ACA - Prevention Workgroup

Summary of Activities

July 2012-June 2013

Goals: Identify the potential impact of the ACA on issues related to preventive care and recommend strategies to the County Executive and County Council that will educate the Montgomery County community and improve compliance with preventive services.

Expected outcomes by year end:

1. Review the Patient Protection and Affordable Care Act prevention provisions
2. Review relevant websites (Healthcare.gov; Medicare.gov; CDC.gov; CommonwealthFund.org; KFF.org)
3. Review scientific literature to determine if prevention of disease is more cost effective than active or chronic disease
4. Develop an understanding of what is and is not covered by the ACA
5. Identify how the receipt of preventive care can increase early detection and treatment of chronic diseases
6. Identify barriers to utilization of preventive services in Montgomery County
7. Identify issues related to the disparities of health care related to access to preventive services
8. Identify the impact of the ACA on the immigrant, uninsured and other special/vulnerable populations
9. Make recommendations

Workgroup Activities:

- To gain a greater awareness of the Patient Protection and Affordable Care Act and its impact on preventive services, the Prevention workgroup researched what preventive services are available under the ACA to county residents. This was accomplished through extensive research utilizing various websites:
 - [Http://www.hhs.gov/healthcare/rights/preventive-care/index.html](http://www.hhs.gov/healthcare/rights/preventive-care/index.html)
 - http://www.healthaffairs.org/healthpolicybriefs/briefs/php?brief_id=63
 - <http://www.cdc.gov/Features/affordablecareact/index.html>www.cdc.gov/Features/affordablecareact/index.html
 - <http://www.ncsl.org/issues-research/health/state-ins-mandates-and-aca-essential-benefits.aspx>
 - <http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html>
- Members of the Prevention workgroup attended a presentation on “The Impact of the Affordable Care Act” by the Primary Care Coalition at Suburban Hospital.
- The workgroup requested additional information on the ACA by requesting a presentation by Dourakine Robinson from the Montgomery County Department of Health and Human Services.

- The workgroup determined that potential barriers exist with regard to the receipt of preventive services:
 - Lack of awareness by consumers and providers of what preventive services are covered under the ACA
 - Lack of access to care related to not enough available providers to meet the expanded demand for care compounded by a shrinking provider network
 - Language barriers
 - Transportation issues.

Recommendations:

1. The County should educate county residents, including county employees on what preventive services are available under the ACA and encourage the utilization of these services.
2. The County should work with civic organizations, employers and other stakeholders to raise the awareness of the no/low cost preventive services available through health insurance plans, local health departments and safety net services in Montgomery County.
3. The County should educate health care providers on preventive services available under the ACA and engage those providers to raise public awareness of these preventive benefits.

ACA Prevention Workgroup

Michelle Hawkins

Alan Kaplan

Mitchell Berger

Ashraf Sufi

Harry Kwon

Marcia Pruzan

Obesity and Cardiovascular Health Workgroup

Summary of Activities

July 2012-June 2013

Goals(s): Follow up on obesity prevention strategies suggested by the Commission.

In FY2012, the Commission of Health recommended actions that the County Executive and County Council should consider as part of a countywide obesity prevention strategy. These recommendations were based on the CDC's *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*. The commission focused on four strategies, we present an update on each strategy:

1. CDC Strategy 2 – Communities should improve the affordable food and beverage choices in public service venues.
 - Starting with the Executive Office build, vending machines in county-owned building will have healthier choices, and will provide nutritional and caloric information.
2. CDC Strategy 4/6 – (4) Communities should provide incentives for the production, distribution, and procurement of foods from local farms. (6) Communities should provide incentives to food retailers to locate in and/or offer healthier food and beverage choices in underserved areas.
3. CDC Strategy 11 – Communities should increase support for breastfeeding.
 - Federal laws already required access to a non-bathroom, private location for nursing mothers to express milk. Recently, space for mother to express milk was created in the HHS building on Piccard Drive
4. CDC Strategy 14 – Communities should increase opportunities for extracurricular physical activity.
 - Montgomery County Public Schools has many anti-obesity programs. However, with no baseline data and no data collection, the effectiveness of these programs remains unknown. Privacy concerns are the argument against collecting BMI; however, the names and years for high school athletes are readily available on-line. For football players, names along with heights and weights are already available online. Even though some groups will oppose collection of de-identified or aggregated summary data, *the Obesity and Cardiovascular Health Workgroup recommends measuring BMI in a large representative sample of students at various age groups.*

Obesity – CVD Workgroup

Dan Russ

Tara Clemons

Shari Targum

Ulder J. Tillman

Gregory Serfer

E. Testimony



Montgomery County Commission on Health

Commission on Health recommendations on obesity prevention

Presentation to Joint Education
and
Health and Human Services Committee
July 30, 2012

Addressing the Problem

- Montgomery County is at increasing risk for poor health due to high levels of obesity
- Obesity leads to higher costs and lower productivity
- The Commission on Health determined a need to focus its attention on preventing obesity
 - Conducted an extensive literature search
 - Identified evidence to focus Commission's efforts
- Decided to focus on the CDC Community Strategies Guide
- Queried County agencies about current policies and recommended specific CDC strategies.

The CDC Community Strategies Guide specifically addresses local government's role in reversing the obesity epidemic:

“Many aspects of our physical environment that influence our health are created, managed, and maintained by local governments.... Clearly, local governments and public school systems can make a real difference in creating healthy food and activity environments that benefit all people living in their communities.”

(Community Strategies Page 2)

What Can County Government Do?

- Revise policies to integrate CDC recommended strategies
- Serve as a model for the private sector
- Create an environment within the County that promotes strategies that can prevent or reduce obesity
- Take policy action without increasing expenditures

■ **The CDC Guide recommends 24 strategies, the Commission selected the following for its work:**

- CDC Strategy 2: Communities should improve the availability of affordable food and beverage choices in public service venues.
- CDC Strategy 6/4: Communities should provide incentives for the production, distribution, and procurement of foods from local farms./Communities should provide incentives to food retailers to locate in and/or offer healthier food and beverage choices in underserved areas.
- CDC Strategy 11: Communities should increase support for breastfeeding.
- CDC Strategy 14: Communities should increase opportunities for extracurricular physical activity.

Strategy 2 – Improve the availability of healthier food and beverages in public service venues

The Commission wrote to the County and bi-County agencies asking about their policy for food in vending machines. Questions were asked about nutrition standards, adjusting prices to encourage the purchase of healthy foods, using icons to identify healthy foods, offering incentives, and education.

The Commission recommends the following guidelines for vending machine offerings in government buildings:

1. **Product:** Adopt healthy-choice nutritional standards for vending machines. A list of healthy products that meet nutritional standards should be developed and maintained.

2. **Pricing:** The pricing of healthy items can be a strong determinant when choosing from a vending machine, and may well be a key to changing behavior. Cost can positively or negatively impact purchasing decisions.
3. **Placement:** Proper placement of the healthy vending machine items can assist employees in identifying healthy choices and makes it easier to purchase a healthy item.
4. **Promotion:** Promotion or publicizing the availability of healthy food products is critical to success.
5. **Implementation:** Current procurement contracts should be revised to reflect the adopted nutritional guidelines for vending machines and all new contracts should comply with county guidelines.
6. **Enforcement:** Vending machines should be inspected quarterly and vendors that do not comply should be removed from service.

The Commission did not receive written responses from the agencies. Our liaison to the Obesity Strategies Work Group has informed us that County Government expects to implement a pilot program to improve healthy choices in County Government vending machines.

■ **Strategies 6/4 – Provide incentives for the production, distribution, and procurement of foods from local farms. Provide incentives to food retailers to locate in and/or offer healthier food and beverage choices in underserved areas.**

Commission members met with the Department of Economic Development's Agricultural Services Division:

- explored agricultural strategies/incentives and business processes.
- discussed potential barriers to accessing healthy foods for the elderly, disabled, and lower income families.

- **The Commission believes Montgomery County should adopt policies that encourage the procurement of food from local farms, promote and increase the viability of local farms, and increase the availability, security, and consumption of healthful, locally-produced foods.** Incentives may include farmland preservation, marketing of local crops, zoning variances, subsidies, and streamlined licensing.
- **The Commission recommends that the County Council and Executive review proposals from DED on horticultural and agricultural uses in the Rural Density Transfer zone.** (The response from Council President Berliner indicated that no proposal has been received by the Council at this time.)

Strategy 11 – Increase support for breastfeeding

The Commission wrote to the County and bi-County agencies asking about their policies to allow and encourage mothers to breastfeed. The letter noted the health advantages of breastfeeding as well as information on federal law supporting breastfeeding in the workplace. Employers are required to provide reasonable break time and a private, non-bathroom place for nursing mothers to express milk during the workday for one year after a child's birth.

The Commission recommends:

1. Montgomery County agencies have clear policies requiring facilities to provide breastfeeding accommodations that include both time and a clean space for expressing milk during work hours. The facilities should be a private, enclosed area with an electrical outlet and must not be a bathroom. A refrigerator should be available.
2. State and local governments can offer incentives to private businesses to accommodate breastfeeding by employees; they can also set policies requiring government agencies to support breastfeeding by female employees.
3. Any policy referring to breastfeeding practices should include a communication strategy to improve awareness and clearly state consequences of non-compliance.

- The Commission received a response from M-NCPPC (attached) that provides information on its “Nursing Mother Program” that has been in place since 1995. It notes that, while not required, past practice has been that a private area with or near clean water and a refrigerator has been available. M-NCPPC health plans do not cover lactation assistance.
- The Commission received a response from Montgomery College that they do provide break time for nursing mothers and that a supervisor will arrange for a room that is not a bathroom and is shielded and free from intrusions. Health plans to not cover lactation assistance.
- The Commission did not receive responses from the other agencies.

■ **Strategy 14 – Increase opportunities for extracurricular physical activity**

The Commission wrote to MCPS, M-NCPPC, and the Recreation Department noting the benefits of physical activity in decreasing obesity, cardiovascular disease, Type 2 Diabetes, and some cancers and in improving mental health and mood. The Commission cited after-school pilot programs in Palo Alto and Oakland that showed significant impact on activity and highlighted significant barriers to access and participation, including transportation. We asked MCPS, M-NCPPC, and the Recreation Department what programs they had in place, criteria for participation, and what they view as major barriers to participation.

The Commission recommends:

1. MCPS develop programs that encourage their students not currently involved in sports to increase physical activity as a part of a healthy lifestyle.
2. MCPS measure weight and height from students and provide anonymous BMI data to DHHS to track obesity rates and set a baseline for future obesity prevention programs.
3. MCPS add Field Day as a part of the Elementary School K-5 physical education program. An event that celebrates physical education sends a strong message of the importance of physical activity and a healthy lifestyle.

- The Commission received a response from MCPS (attached) saying that MCPS middle schools offer opportunity to participate in 7 interscholastic athletic teams and that the high school program includes 40 interscholastic teams per each high school. The \$30 activity fee is contingent on income. Barriers to offering additional activities include limited facilities, funds, interest, and personnel to supervise activities.
- MCPS does not measure BMI and responded that it provides few medical tests for students. This information is not required to participate in athletic teams.

- The Commission is concerned that unless BMI data is collected, the county will not accurately understand trends in childhood obesity. The 2008 Maryland Task Force on Student Physical Fitness called for investigating BMI assessment in schools for the purpose of surveillance and to determine the efficacy of obesity prevention and intervention programs. It noted that there must be consideration of privacy issues, measurement techniques, training, parental notification, and linking families to community resources.
- The Commission has recently been made aware of Harford County Public Schools use of the FitnessGram program that includes measuring BMI (attached). We hope to look into this effort to see if it might be a model for MCPS.

Summary of Commission's Recommendations

- Focus on policy and practices of county agencies
- Require an investment in education within and action by county agencies, not new resources
- Assess feasibility to implement throughout the county
- Improve health within the county

The Commission's goal in providing these recommendations is to improve the health status of our community in a responsible and responsive manner.

It is our vision that the healthy choice is the easy choice for all Montgomery County residents.

Attached Information:

March 22, 2012 letter to Montgomery County Council with recommendations on CDC Obesity Prevention Strategies 2, 11, and 14.

April 19, 2012 letter to Montgomery County Council with recommendations on CDC Obesity Prevention Strategies 4 and 6.

November 2010 literature search on strategies to reduce obesity.

Excerpt from introduction in CDC's Community Strategy Guide – Local Government's Role

List of CDC's 24 recommended strategies for Obesity Prevention.

Excerpt from CDC Community Strategy Guide – Strategy 2 – improve availability of healthy food.

Excerpt from CDC Community Strategy Guide – Strategy 4 – incentives to retailers to offer healthier foods in underserved areas.

Excerpt from CDC Community Strategy Guide – Strategy 6 – Incentives for the production and procurement of food from local farms.

Excerpt from CDC Community Strategy Guide – Strategy 11 – Increase support for breastfeeding.

Excerpt from CDC Community Strategy Guide – Strategy 14 – Increase opportunities for extracurricular physical activity.

Letter to Department of General Services re: policy on food in vending machines (similar letter was sent to each county and bi-county agency).

Letter to Montgomery College re: breastfeeding policies (similar letter was sent to each county and bi-county agency).

Response from M-NCPPC re: breastfeeding policies. Response from College was by e-mail.

Letter to MCPS re: physical activity (similar letter was sent to M-NCPPC and Recreation Department).

Response from MCPS re: extracurricular physical activity.

Harford County Public School's information on Fitnessgram assessment.

Excerpt from 2008 Task Force on Student Physical Fitness in Maryland Public Schools.



Montgomery County Commission on Health

Fiscal Year 2013 Policy Recommendations Health and Human Services Committee Work Session October 11, 2012

Good morning Mr. Leventhal, Ms. Navarro, Mr. Rice and my fellow committee chairs. My name is Marcos Pesquera, Chair of the Commission on Health. Thank you for this opportunity to briefly share with you the priorities that our commission will be focusing on in fiscal year 2013.

Last year the commission decided to promote healthy choices and prevention, in particular the issue of obesity. The **Commission on Health (COH)** focused on developing recommendations in support of obesity prevention strategies in Montgomery County, since obesity greatly increases the risk of many diseases and adverse health conditions. After an extensive literature search, the COH decided to **focus on five evidence-based strategies** identified by the Centers for Disease Control and Prevention in its report, *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*.

- CDC Strategy 2: Communities should improve the availability of affordable food and beverage choices in public service venues.
- CDC Strategy 6/4: Communities should provide incentives for the production, distribution, and procurement of foods from local farms /Communities should provide incentives to food retailers to locate in and/or offer healthier food and beverage choices in underserved areas.
- CDC Strategy 11: Communities should increase support for breastfeeding.
- CDC Strategy 14: Communities should increase opportunities for extracurricular physical activity.

The COH used the following criteria in developing its recommendations to the County Executive and County Council:

- Focus on policy and practices of county agencies
- Require an investment in education within and action by county agencies, not new resources
- Assess feasibility to implement throughout the county
- Improve health within the county

The COH sent two recommendation letters to the County Executive and County Council on March 22, 2012 and April 19, 2012. The COH was also given the opportunity to present testimony to the joint Education and Health and Human Services Committees on July 30, 2012 on the obesity prevention recommendations.

COH member, Dr. Shari Targum, serves on the Healthy Montgomery Obesity Work Group and presented an overview of the COH obesity prevention recommendations and efforts to date. The COH recognizes the importance of building upon and contributing to the Healthy Montgomery activities.

During our upcoming annual retreat on October 18, 2012, the commissioners will have the opportunity to listen to a national expert on the Affordable Care Act (ACA), Robert M. Pestronk, Executive Director, National Association of County and City Health Officials (NACCHO). Mr. Pestronk will discuss the ACA implications to local health departments. Our annual retreat is essential as it will give us the opportunity to discuss strategies to help the county and HHS leverage provisions of the ACA in ongoing efforts to improve the health of county residents. Dourakine Rosario, DHHS Special Assistant, Office of the Director, has also been invited to update the COH on the County's efforts related to the ACA. All these plans will be finalized after the retreat next week.

Our ultimate goal is to provide well-informed, feasible, and responsive advice to the County Executive, County Council, the Board of Health, and HHS that can help improve the health of county residents. We believe that the obesity policy recommendations developed this past fiscal year demonstrate how the COH responds to an identified high-priority health issue, researches evidence-based policies and practices that can prevent an adverse health condition, and develops targeted recommendations that can be implemented by county government during these very difficult fiscal times.

As always, thank you for this opportunity to allow the Commission on Health to serve the residents of Montgomery County. We look forward to working with the County Executive and County Council to improve the health and wellness of our residents.



Montgomery County Commission on Health

Commission on Health recommendations to lower the smoking rate in Montgomery County

Presentation to Health and
Human Services Committee
October 18, 2012

Addressing the Problem

- Connection between smoking bans and decreased heart attack rates has been firmly established.
- Studies show that tobacco use by Montgomery County adults, although the lowest in the state, has remained stagnant since 2000.
- Healthy Montgomery reports 15.5% of people aged 12 or older smoke cigarettes, which could indicate an area of concern.
- Medical expenses cost the State of Maryland approximately \$7.40 per pack.

The Institutes of Medicine Committee on Secondhand Smoke Exposure and Acute Coronary Events

- A comprehensive review of the scientific literature on the connection between secondhand smoke and acute coronary events was released.
- The review identified eleven observational studies on the effects of smoking bans. These studies consistently show that after smoking bans are implemented, the rate of heart attacks decrease.
- Even though the smoking bans in the studies are implemented differently, a causal relationship between smoking bans and decreases in the rate of heart attacks can be concluded.

Summary of Commission's Recommendations

- Advocate for increased cigarette taxes at the state and federal level. The tax on cigarettes in New York City is \$6.46 per pack, and the smoking rate has declined from 22% in 2002 to 14% in 2011 and from 18% to 7% in teenagers.
- Limit youth access to cigarettes to prevent smoking initiation
 - The Montgomery County Public Schools should periodically review its anti-smoking programs, and provide the County School Board and County Council statistics measuring the effectiveness of its programs.
 - The County should review rules and regulations on placement of tobacco products in stores.
- Increase access to smoking cessation programs by increasing the budget for the DHHS Tobacco Use Prevention and Cessation programs.

Additional Recommendations

- Greater enforcement of current smoking laws. This may include changes to allow county police to assist DHHS and the Department of Liquor Control in the enforcement of smoking laws and tobacco placement regulations.
- County Council expansion of the smoking ban to **prohibit** smoking along store fronts and covered walkways such as at strip malls and shopping centers. Other locations ban smoking around location where smoking is prohibited including:
 - The State of Hawaii prohibits smoking with in a “Presumptive reasonable distance” of 20 feet distance from entrances, exits, windows, and air intake of location where smoking is prohibited.
 - The State of Arizona Rule R9-2-102 also prohibits smoking with 20 feet from a location where smoking is banned.
- Establishment of a new County **requirement** for businesses (including multi-dwelling units) to provide “smoking areas” away from the general public to limit exposure to secondhand smoke.
 - In April 2012, the San Jose, CA city council passed a smoking ban that includes prohibition of smoking within 30 feet of doorways, windows, and air intakes of multi-dwelling units.

References

- IOM (Institute of Medicine). 2010. *Second Hand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence*. Washington DC: The National Academies Press.
- Maryland Department of Health and Mental Hygiene. Monitoring Changing Tobacco-use Behaviors in Maryland, November, 2007.
- <http://www.countyhealthrankings.org/app/maryland/2012/montgomery/county>
- <http://www.healthymontgomery.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=309>
- IOM (Institute of Medicine). 2007. *Ending the tobacco problem: A blueprint for the nation*. Washington, DC: The National Academies Press.



Montgomery County Commission on Health

Annual Meeting with the County Executive April 3, 2013

Last year the commission decided to promote healthy choices and prevention by focusing on the issue of obesity. The **Commission on Health (COH)** developed recommendations in support of obesity prevention strategies in Montgomery County, since obesity greatly increases the risk of many diseases and adverse health conditions. After an extensive literature search, the COH **focused on five low or no-cost evidence-based strategies** identified by the Centers for Disease Control and Prevention in its report, *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*.

- CDC Strategy 2: Communities should improve the availability of affordable food and beverage choices in public service venues.
- CDC Strategy 6/4: Communities should provide incentives for the production, distribution, and procurement of foods from local farms /Communities should provide incentives to food retailers to locate in and/or offer healthier food and beverage choices in underserved areas.
- CDC Strategy 11: Communities should increase support for breastfeeding.
- CDC Strategy 14: Communities should increase opportunities for extracurricular physical activity.

The COH used the following criteria in developing its recommendations to the County Executive and County Council:

- Focus on policy and practices of county agencies
- Require an investment in education within and action by county agencies, not new resources
- Feasible to implement throughout the county
- Improve health within the county

The COH sent two recommendation letters to the County Executive and County Council on March 22, 2012 and April 19, 2012. The COH was also given the opportunity to present testimony to the joint Education and Health and Human Services Committees on July 30, 2012 on the obesity prevention recommendations.

COH member, Dr. Shari Targum, serves on the Healthy Montgomery Obesity Work Group and presented an overview of the COH obesity prevention recommendations and efforts to date. The COH recognizes the importance of building upon and contributing to the Healthy Montgomery activities.

In the COH's advisory role to the County Executive and County Council, it is important to receive feedback on the status of recommendations developed and submitted, and we wish to follow-up with your office in this regard. This feedback helps ensure that the work of the Commission is targeted, timely, and appropriate in our advisory role.

FY13 Priorities

The COH set its priorities and work groups at the October 18, 2012 Retreat as:

- Affordable Care Act (ACA) – Access to Care
- ACA – Data
- ACA – Prevention
- Obesity/ Cardiovascular Disease including smoking prevention

These are priority issues for the COH because of the opportunities and challenges that exist as the ACA is implemented throughout the nation, state, and our County.

As was the case in developing recommendations related to obesity, the COH is engaged in extensive research in each of the above areas. Recommendations are anticipated to be developed and transmitted to the County Executive and County Council in early summer.

Action Taken to Date by the COH Related to FY13 Priorities

- The **Access Workgroup** identified gaps in healthcare coverage that will continue to exist after full implementation of the ACA. A sizable number of County residents will remain uninsured, continuing a need for County support of healthcare for the uninsured. There also are concerns about access to specialty care once large numbers of previously uninsured individuals have insurance and the ability to access specialty care. The Commission may collaborate with the Montgomery Cares Advisory Board on these issues.
- The **Data Workgroup** is exploring data collection opportunities and gaps with the ACA including whether data about health disparities and other Healthy Montgomery data needs will be available to the County from the new State Health Information Exchanges, and whether the County will be in a position to benefit from the increased data available.
- The **Prevention Workgroup** recognizes that free access to preventive services does not necessarily result in these services being used. County government may need to provide education to all county residents, including County employees, on what preventive services are available at no cost and why accessing these services is important to their health. In developing approaches to educating residents and employees, the County should first explore existing educational materials and strategies that can be used.
- The **Obesity/CVD Workgroup** is looking at prevention ideas for this particular area and will make recommendations for investing in prevention. They are looking at reducing disparities for obesity and cardiovascular disease and working with the African American Health Program. They would like to look through a perspective of quantifying the larger costs of treatment that result from not addressing obesity and cardiovascular disease with prevention and comparing those large costs with the costs of prevention services.
- County Council passed Bill 33-12, new smoking legislation on 2/12/13. The COH provided a letter on 1/25/13 restating our support for the Council's efforts to reduce tobacco use in the County

Our ultimate goal is to provide well-informed, feasible, and responsive advice to the County Executive, County Council, the Board of Health, and HHS that can help improve the health of County residents. We believe that the obesity policy recommendations developed this past fiscal year demonstrate how the COH responds to an identified high-priority health issue, researches evidence-based policies and practices that can prevent an adverse health condition, and develops targeted recommendations that can be implemented by County government during very difficult fiscal times.

As always, thank you for this opportunity to allow the Commission on Health to serve the residents of Montgomery County. We look forward to working with you and the County Council to improve the health and wellness of our residents.

Marcos Pesquera, Chair, Commission on Health
Ron Bialek, Vice Chair, Commission on Health

F. Correspondence



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma S. Ahluwalia
Director

August 3, 2012

Roger Berliner, President
Montgomery County Council
100 Maryland Avenue
Rockville, Maryland 20850

Dear Council President Berliner:

On behalf of the *Montgomery County Commission on Health* I wanted to express our gratitude for the opportunity to testify at the joint session of the Education and Health and Human Services Committees on Monday, July 30, 2012. As you know, the Commission on Health is very committed to the fight against obesity in our county. The foresight demonstrated by bringing all the pertinent groups and departments working on obesity prevention together, demonstrates the Council's commitment to this issue.

Commission on Health Vice Chair, Ron Bialek, and I felt a great sense of commitment from all parties involved. We know that with the Council's leadership and the Commission on Health's support we can make a big difference in the health of our residents.

We look forward to further discussions with the Council related to obesity prevention and other health concerns in the future. Please feel free to contact me or Commission on Health staff, Ms. Jeanine Gould-Kostka, at 240-777-1141 if you have any questions.

Sincerely,

Marcos Pesquera, R.Ph., MPH
Chair, Montgomery County Commission on Health

CC:

Isiah Leggett, Montgomery County Executive
Uma Ahluwalia, Director, Department of Health and Human Services
Dr. Ulder J. Tillman, County Health Officer



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma S. Ahluwalia
Director

November 9, 2012

Mr. Steven M. Galen
President and CEO
Primary Care Coalition
8757 Georgia Avenue, 10th Floor
Silver Spring, MD 20910

RE: Support for Long Branch Health Enterprise Zone application

Dear Mr. Galen:

The Montgomery County Commission on Health (COH) enthusiastically supports the application of the Primary Care Coalition of Montgomery County, Maryland, Inc. (PCC) to the Maryland Community Health Resources Commission to fund the Long Branch Health Enterprise Zone (LB-HEZ). The COH advises the Montgomery County Executive, County Council and Department of Health and Human Services on important public health matters that impact the health of County residents. The COH is well aware of health disparities and acute health care needs in the Long Branch area of Montgomery County, and is pleased that this application addresses pressing public health needs that exist.

Funding through this initiative for the LB-HEZ will result in creation of a primary health care network that will meet the needs of low-income residents. With a focus on diabetes prevention and management, a consortium of local health and community organizations will promote healthy lifestyles as well as linkages to health care providers capable of serving racially and ethnically diverse communities. The LB-HEZ will support health and wellness activities that will make it easier for residents to make healthy choices that will lead to fewer individuals developing diabetes and proper care and management of individuals who develop diabetes. The consortium will support local health providers to expand services and community organizations to increase health awareness activities, with special attention to culturally and linguistically appropriate outreach and service.

The COH has supported the important work of the Primary Care Coalition on previous successful projects to promote good health in the community and recognizes PCC as a leader in health care for vulnerable county residents. We will provide input to this effort within the charge of the COH and continue to be supportive of PCC's efforts to reduce health disparities.

The Long Branch Health Equity Zone project will have a positive impact on the health of residents in the poorest area of Montgomery County. The Commission on Health is very pleased to endorse this worthwhile project.

Sincerely,

Marcos Pesquera, R.Ph., MPH
Chair, Montgomery County Commission on Health

CC:
Uma Ahluwalia, Director, Department of Health and Human Services
Dr. Ulder J. Tillman, County Health Officer



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma S. Ahluwalia
Director

January 25, 2013

Nancy Navarro, President
Montgomery County Council
100 Maryland Avenue
Rockville, Maryland 20850

Dear Council President Navarro,

The Commission on Health is aware that the County Council is preparing to discuss revised Bill 33-12, "Health and Sanitation - Smoking - County Property." We are pleased that the County Council continues to focus attention on the need to further reduce the use of tobacco within Montgomery County.

As you may recall, the Commission on Health sent a letter to the County Council, dated June 21, 2012, providing several recommendations to lower the smoking rate in Montgomery County. We also reinforced these recommendations during our testimony before the Health and Human Services Committee on October 18, 2012. The Commission on Health's June 21, 2012 letter to the County Council is attached.

At the request of the County Council, the Commission on Health is available to further discuss Montgomery County tobacco policies and proposed legislation.

Sincerely,

Marcos Pesquera
Chair, Montgomery County Commission on Health

cc: Uma S. Ahluwalia, Director, Department of Health and Human Services
Ulder J. Tillman, MD MPH, County Health Officer

Commission on Health

1335 Piccard Drive, 2nd Floor • Rockville, Maryland 20850 • 240-777-1141



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma S. Ahluwalia
Director

June 21, 2012

Roger Berliner, President
Montgomery County Council
100 Maryland Avenue
Rockville, Maryland 20850

Dear Council President Berliner,

The Commission on Health strongly supports Montgomery County's previous efforts to restrict smoking. The 2003 and 2011 smoking bans protect Montgomery County residents from health complications caused by exposure to secondhand smoke. The negative economic consequences anticipated by pro-smoking advocates have not materialized. In fact in 2005, Councilman Andrews testified to the Maryland Senate Finance Committee that restaurant sales tax receipts were up 7.6% in the first year after the ban.

The connection between smoking bans and decreased heart attack rates has been firmly established. The Institute of Medicine Committee on Secondhand Smoke Exposure and Acute Coronary Events recently issued a comprehensive review of the scientific literature on the connection between secondhand smoke and acute coronary events¹. The review identified eleven observational studies on the effects of smoking bans. These studies consistently show that after smoking bans are implemented, the rate of heart attacks decrease. Even though the smoking bans in the studies are implemented differently, a causal relationship between smoking bans and decreases in the rate of heart attacks can be concluded.

Despite significant progress, we remain deeply concerned about the effects of smoking and secondhand smoke on our fellow citizens. According to the Centers for Disease Control and Prevention (CDC) approximately 8% (5.5-10.5) of County residents smoke. The smoking rates reported by the CDC agree with the Maryland Adult Tobacco Study² (MATS) and the 2010-2012 County Health Rankings and Roadmaps³. These studies show that tobacco use by Montgomery County adults, although the lowest in the state, has remained stagnant since 2000. Healthy Montgomery reports 15.5% of people aged

¹ IOM (Institute of Medicine). 2010. *Second Hand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence*. Washington DC: The National Academies Press.

² Maryland Department of Health and Mental Hygiene. *Monitoring Changing Tobacco-use Behaviors in Maryland*, November, 2007.

³ <http://www.countyhealthrankings.org/app/maryland/2012/montgomery/county>

12 or older smoke cigarettes, which could indicate an area of concern⁴. The result is based on the *National Survey on Drug Use and Health*, which measured cigarette smoking in the months prior to the survey as opposed to self-reported smokers.

Reaching an even lower smoking rate is important because of the major expense involved in treating smoking-related diseases. The State of Maryland estimated in 2004 that medical treatments of smoking related diseases will cost the Maryland economy over \$2 billion annually, and that 60% of the medical expenses are paid by government health plans (Medicare/Medicaid). Medical expenses cost the State of Maryland approximately \$7.40 per pack.

The Commission on Health recommends the County Council and County Executive take action to lower the smoking rate in Montgomery County. We recognize that the County is not currently in a position to completely ban smoking, although we applaud the idea. Instead, the Commission supports the following recommendations based on recommendations from the Institute of Medicine⁵.

- Advocate for increased cigarette taxes – We encourage our community leaders to advocate for cigarette tax increases at the state and federal level. Such efforts by our leaders, in the past, have been very effective. The tax on cigarettes in New York City is \$6.46 per pack, and the smoking rate has declined from 22% in 2002 to 14% in 2011 and from 18% to 7% in teenagers.
- Limit youth access to cigarettes to prevent smoking initiation
 - The Montgomery County Public Schools should periodically review its anti-smoking programs, and provide the County School Board and County Council statistics measuring the effectiveness of its programs.
 - The County should review rules and regulations on placement of tobacco products in stores.
- Increase access to smoking cessation programs by increasing the budget for the DHHS Tobacco Use Prevention and Cessation programs.

Additionally we recommend:

- Greater enforcement of current smoking laws. This may include changes to allow county police assist DHHS and the Department of Liquor Control in the enforcement of smoking laws and tobacco placement regulations.
- County Council expansion of the smoking ban to **prohibit** smoking along store fronts and covered walkways such as at strip malls and shopping centers. Other locations ban smoking around location where smoking is prohibited including:
 - The State of Hawaii prohibits smoking with in a “Presumptive reasonable distance” of 20 feet distance from entrances, exits, windows, and air intake of location where smoking is prohibited.
 - The State of Arizona Rule R9-2-102 also prohibits smoking with 20 feet from a location where smoking is banned.

⁴ <http://www.healthymontgomery.org/modules.php?op=modload&name=NS-Indicator&file=indicator&id=309>

⁵ IOM (Institute of Medicine). 2007. *Ending the tobacco problem: A blueprint for the nation*. Washington, DC: The National Academies Press.

- Establishment of a new County **requirement** for businesses (including multi-dwelling units) to provide “smoking areas” away from the general public to limit exposure to secondhand smoke.
 - In April 2012, the San Jose, CA city council passed a smoking ban that includes prohibition of smoking within 30 feet of doorways, windows, and air intakes of multi-dwelling units.

Additionally, we understand that the County has little enthusiasm for any tax increase or increased spending; however, these measures are effective in lowering the smoking rate and over time can result in significant health care savings. The cost of prevention is cheaper than the cost of treatment.

Thank you for your time and consideration.

Sincerely,



Marcos Pesquera
Chair, Montgomery County Commission on Health

CC:

Uma S. Ahluwalia, Director, Department of Health and Human Services
Ulder J. Tillman, MD, MPH, County Health Officer



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma S. Ahluwalia
Director

April 23, 2013

Nancy Navarro, President
Montgomery County Council
100 Maryland Avenue
Rockville, Maryland 20850

Dear President Navarro,

The Commission on Health applauds the efforts of the County Council to address the health and human services needs of County residents. We share your commitment to these efforts. The primary mission of the COH is to advise the County Executive, the County Council and the Director of the Department of Health and Human Services (DHHS) on matters pertaining to improving public health in Montgomery County. Key to our mission is improvement of local services leading to improved health status of Montgomery County residents. In addition, the elimination and/or reduction of health disparities is one of our stated priorities.

We write in support of the work of the Minority Health Initiatives Program Advisory Committee, represented in their culminating report: *Eliminating Disparities and Providing Equitable and Quality Services to Racial/Ethnic Communities in Montgomery County*. The report represents a collaborative effort between the DHHS, community leaders and volunteers representing the steering committees of the African-American Health Program, the Asian American Health Initiative and the Latino Health Initiative, to create a vision and roadmap for DHHS to more effectively address the health needs of racial/ethnic and emerging populations in the County, who each year, represent a larger proportion of the individuals we serve.

The Commission on Health strongly endorses the launch of the recommended Leadership Institute for Equity, and Elimination of Disparities and \$500,000 in Fiscal Year 2014 supplemental budget funding to support the Institute and to enhance its programs. The Institute would take a systematic approach to consolidate, improve, and expand the reach of the activities of the Minority Health Initiatives and Programs, and the Equity Work Group and related outreach functions under the Office of Community Affairs. A portion of the funding (\$200,000) would go to partially restoring programmatic funding, which has been reduced each year since 2008, and now represents a loss of more than \$1,000,000. Undoubtedly, our racial and ethnic minorities and emerging population residents would benefit from a more systematic approach by the DHHS to eliminate disparities, as would the County in general.

Sincerely,

Marcos Pesquera
Chair, Montgomery County Commission on Health

CC: County Executive Isiah Leggett
Uma S. Ahluwalia, Director, Department of Health and Human Services
Ulder J. Tillman, M.D., MPH, County Health Officer

Commission on Health



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

April 23, 2013

Uma S. Ahluwalia
Director

Nancy Navarro, President
Montgomery County Council
100 Maryland Avenue
Rockville, Maryland 20850

Dear President Navarro,

The Commission on Health would like to thank you and the members of the County Council for your ongoing support of the Montgomery Cares program. By supporting the program, you are supporting expanded access to health care for our County residents.

Thanks to the Montgomery Cares Program, the County has improved the health of our residents by providing health access for some of our most disadvantaged, the uninsured. Unfortunately, the program is not able to serve all in need. The Montgomery Cares providers are currently serving 32,250 low-income, uninsured adults, while we estimate that there are approximately 120,000 uninsured adults in the County. Even after full implementation of the Affordable Care Act in several years, it is estimated that more than 65,000 County residents will remain uninsured. Continued and expanded funding for the Montgomery Cares Program is vital now and into the future as we collectively strive to assure the health of Montgomery County residents.

The Montgomery Cares provider network has the capacity to serve more patients, but limited financial resources stand in the way of program expansion. **The Montgomery Cares Advisory Board is asking for an ADDITIONAL \$871,875 in Fiscal Year 2014 to support critically needed growth in patient capacity and services for the Montgomery Cares Program.**

These additional funds will be allocated in four key areas to enhance primary care services, improve quality and outcomes through an innovative performance improvement program, add preventative care services to meet national standards, and expand the reach of behavioral health services.

The Montgomery County Commission on Health strongly endorses the Board's request. The Montgomery Cares Program must have needed resources to expand essential health care services, with the ultimate goal of providing access to primary care services to all residents of Montgomery County.

Sincerely,

Marcos Pesquera
Chair, Montgomery County Commission on Health

CC: County Executive Isiah Leggett
Uma Ahluwalia, Director, Department of Health and Human Services
Ulder J. Tillman, M.D., MPH, County Health Officer

Commission on Health

G. Responses to Correspondence



OFFICE OF THE COUNTY EXECUTIVE
ROCKVILLE, MARYLAND 20850

Isiah Leggett
County Executive

July 16, 2012

Mr. Marcos Pesquara, Chair
Montgomery County Commission on Health
1335 Piccard Drive, 2nd Floor
Rockville, Maryland 20850

Dear Mr. Pesquara:

Thank you for your letter of June 21, on behalf of the Commission on Health, regarding recommendations to reduce smoking and other tobacco use in Montgomery County.

I appreciate the helpful background provided by the Commission on Health concerning the proven health dangers of smoking and heart disease, as well as the thoughtful recommendations based on that data. Tobacco use continues to be an important public health issue. I am supportive of the County's recent and ongoing efforts to both protect our residents and raise public awareness of the dangers of tobacco use and secondhand smoke.

Montgomery County has an excellent track record in this area and is even considered a leader in enacting and enforcing anti-smoking regulations. As you may know, we were ahead of the curve in banning smoking in restaurants to protect restaurant workers from secondhand smoke. We are very fortunate to have had an active Montgomery County Tobacco Free Coalition made up of many interested community organization representatives, for over ten years. We continue to enforce the County's smoking regulations through our environmental health staff within Department of Health and Human Services, Public Health Services. In addition, we continue to enforce the sale and correct placement of tobacco products within stores, in order to prevent underage youth from obtaining these products through the efforts of the Department of Liquor Control. We have changed the environment and the norms in our County and, as a result, smoking rates in our County are lower than the state and national average.

I understand your recommendation that *we should not be satisfied with the County's relatively low rate, but continue to take steps to further lower the smoking and tobacco use rates in the County*. Let me address each of your recommendations.

- **The Commission recommended that the County advocate for increased cigarette taxes.**

As you may know, this advocacy would need to happen at the State level through State legislation. I will be meeting in a few weeks with my intergovernmental team to review a wide variety of County priorities that we will support or advocate for at the State level in FY13. While enacting any new State taxes may be unrealistic during this next legislative session, I will add this recommendation to our County agenda for discussion and evaluation.

Mr. Marcos Pesquara, Chair
July 16, 2012
Page 2

- **The Commission recommended that the county limit youth access to cigarettes to prevent smoking initiation, and that Montgomery County Public Schools (MCPS) should review its anti-smoking program.**

While I agree with the importance of this issue, as County Executive, I do not directly oversee MCPS programs. Therefore, this recommendation fits most appropriately under the purview of the County Council and its Education Committee, which does have some oversight of MCPS programs.

- **The Commission suggested that the County should review rules and regulations on placement of tobacco products in stores.**

I am not aware of any problems with the County's regulations regarding placement of tobacco products in stores to prevent minors from easily purchasing the products without proper identification. Please let me know if there are specific problems or issues with the regulations.

- **The Commission recommended we increase access to smoking cessation programs by increasing the budget for the DHHS Tobacco Use Prevention and Cessation programs.**

As you know, the County had a very active and successful Tobacco Use Prevention and Cessation Program, funded for many years by a grant from the State's Cigarette Restitution Fund. However, due to State budget reductions several years ago, our program has been dramatically reduced and now it focuses primarily on cessation counseling through group sessions and through referrals to the State's Quitline. Our Tobacco Free Coalition is still actively engaged in outreach and cessation efforts. In fact, the Commission may want to link with this community coalition. Montgomery County will continue to advocate at the State level for restoration of adequate State funding of the Tobacco Use Prevention and Cessation Program. Meanwhile, the County was recently awarded a new, short term federal grant that will support additional outreach, education and referral of smokers wishing to quit to the State's Quitline.

- **The Commission recommended greater enforcement of current smoking laws and tobacco placement regulations.**

I believe that the DHHS environmental specialists are adequately enforcing the current County smoking laws and regulations regarding public facilities and restaurants. These enforcement activities are generally somewhat quietly accomplished with proper signage and added onto their restaurant and other facility inspections and licensing activities, or result infrequently from complaints. To my knowledge and from all indications, the Department of Liquor Control staff is also doing adequate enforcement of the County regulations regarding proper placement of tobacco products to prevent minors from purchasing tobacco products without proper identification. Spot checks and enforcement are happening on a regular basis.

Mr. Marcos Pesquara, Chair
July 16, 2012
Page 3

- **The Commission also recommended expanding smoking bans in certain public places and establishing new County requirements to provide smoking areas away from the general public to limit exposure to secondhand smoke.**

I agree that changing the norms in the community around smoking has been an effective public health tool to reduce smoking and tobacco use. So I agree that these recommendations have merit. At the same time, the many practical implications of adopting new regulations, including costs of enforcement personnel, must also be weighed and evaluated. I will take all of these recommendations in your thoughtful letter under advisement, and will continue to evaluate them.

I sincerely appreciate the Commission on Health taking a stance on this issue which continues to adversely affect the health of so many County residents as well as providing me with such helpful background to support its recommendations.

Again, thank you for taking the time to write to me about your concerns.

Sincerely,



Isaiah Leggett
County Executive

IL:ss

c: Uma S. Ahluwalia, Director, Montgomery County Department of Health and Human Services
Ulder J. Tillman, MD, MPH, Health Officer and Chief, Public Health Services



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

OFFICE OF THE COUNCIL PRESIDENT

August 15, 2012

Marcos Pesquera, R.Ph., MPH
Chair, Montgomery County Commission on Health
1335 Piccard Drive, 2nd Floor
Rockville, Maryland 20850

Dear Dr. Pesquera,

Thank you for your letter on behalf of the Commission on Health asking that the Council do more to reduce the rate of smoking in Montgomery County. The Commission's letter was made available to all Councilmembers for their consideration when it was received.

Each of us on the Council is aware of the proven negative impacts on people's health and lives from smoking. These health impacts add tremendously to the cost of health care. As you note, Montgomery County has relatively strong limitations on smoking. I do appreciate the Commission bringing to our attention legislation in other jurisdictions aimed at further reducing smoking and the effects of secondhand smoke.

Councilmember Leventhal, Chair of the Health and Human Services Committee, has scheduled a session for Thursday, October 18th at 11:00 a.m. (in the Council Office Building 7th Floor Hearing Room) to discuss the health impacts of smoking, the trends in Montgomery County, and the status of our current programs and laws. I understand that Councilmember Leventhal is looking forward to the Commission's participation in this session.

Thank you again for the Commission's continued work and recommendations for ways to improve the health of Montgomery County residents.

Sincerely,

A handwritten signature in black ink, appearing to read "Roger Berliner".

Roger Berliner
Council President

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